

### Scanned Records Certificate of Verification and Receipt

Schedule Number / Line Number	Series Name	Inclusive Date(s)	Number of Legible Records Reviewed	Total Number of Records

I am certifying that if 200 or less records has been scanned, all scanned records has been verified or if it is for greater than 200 records scanned that 10% of the records or at a minimum 200 records, whichever is greater has been verified by the units supervisor/designee.

Name \_\_\_\_\_

Unit \_\_\_\_\_

Date Verified \_\_\_\_\_

Signature \_\_\_\_\_

Send an exact copy of the scanning/catalog of files to the DHMH Records Officer at 201 West Preston Street, LL-5, Baltimore, MD 21201 using either CD/DVD(s) or an external hard drive only. Make sure CD/DVD or external hard drive is marked with the unique identifier.

Records Officer Date Received \_\_\_\_\_

Records Officer Signature \_\_\_\_\_